

COMPARISON OF 2006 REGULATIONS AND 2007 REGULATORY CHANGES
to
PART 482 – CONDITIONS OF PARTICIPATION FOR HOSPITALS
EFFECTIVE JANUARY 26, 2007

TAG	2006 Regulation	Regulation Effective January 26, 2007
	§ 482.22 Condition of participation: Medical staff.	
A-0186	(c) Standard: Medical Staff Bylaws The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:	(c) <i>Standard: Medical staff bylaws.</i> The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:
A-0191	(c)(5) Include a requirement that a physical examination and medical history be done no more than 7 days before or 48 hours after an admission for each patient by a <ul style="list-style-type: none"> • doctor of medicine or osteopathy, or, for patients admitted only for oromaxillofacial surgery, by an • oromaxillofacial surgeon who has been granted such privileges by the medical staff in accordance with State law. 	(5) Include a requirement that a medical history and physical examination be completed no more than 30 days before or 24 hours after admission for each patient by a <ul style="list-style-type: none"> • physician (as defined in section 1861(r) of the Act), an • oromaxillofacial surgeon, or • other qualified individual in accordance with State law and hospital policy. <p>The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission.</p> <p>When the medical history and physical examination are completed within <u>30 days before</u> admission, the hospital <u>must ensure that an updated medical record entry documenting an examination for any changes in the patient's condition is completed.</u></p> <p>This updated examination must be completed and documented in the patient's <u>medical record within 24 hours after admission.</u></p>

TAG	2006 Regulation	Regulation Effective January 26, 2007
	§ 482.23 Condition of participation: Nursing services.	
A-0208	(c) Standard: Preparation and Administration of Drugs Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.	(c) <i>Standard: Preparation and administration of drugs.</i> Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under § 482.12(c), and accepted standards of practice.
A-0210	(2) All orders for drugs and biologicals must be in writing and signed by the practitioner or practitioners responsible for the care of the patient as specified under §482.12(c) with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment for contraindications. When telephone or oral orders must be used, they must be--	(2) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under § 482.12(c).
A-0211	(c)(2)(i) Accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with Federal and State law;	(i) If verbal orders are used, they are to be used infrequently.
A-0212	(c)(2)(ii) Signed or initialed by the prescribing practitioner as soon as possible; and	(ii) When verbal orders are used, they must only be accepted by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law.
A-0213	(c)(2)(iii) Used infrequently	

TAG	2006 Regulation	Regulation Effective January 26, 2007
	§ 482.24 Condition of participation: Medical record services.	
A-0229	<p>(c) Standard: Content of Record The medical record must contain information to</p> <ul style="list-style-type: none"> • justify admission and • continued hospitalization, • support the diagnosis, and • describe the patient's progress and response to medications and services. 	<p>(c) <i>Standard: Content of record.</i> The medical record must contain information to</p> <ul style="list-style-type: none"> • justify admission and • continued hospitalization, • support the diagnosis, and • describe the patient's progress and response to medications and services.
A-0230	<p>(c)(1) All entries must be</p> <ul style="list-style-type: none"> • legible and • complete, and must be • authenticated and • dated promptly <p>by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished.</p>	<p>(1) All patient medical record entries must be</p> <ul style="list-style-type: none"> • legible, • complete, • dated, • timed, and • authenticated in written or electronic form <p>by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.</p>
A-0231	<p>(c)(1)(i) The author of each entry must be</p> <ul style="list-style-type: none"> • identified and • must authenticate his or her entry. 	<p>(i) All orders, including verbal orders, must be</p> <ul style="list-style-type: none"> • dated, • timed, and <p>authenticated promptly by the ordering practitioner, except as noted in paragraph (c)(1)(ii) of this section.</p>
A-0232	<p>(c)(1)(ii) Authentication may include signatures, written initials or computer entry.</p>	<p>(ii) For the 5 year period following January 26, 2007, all orders, including verbal orders, must be</p> <ul style="list-style-type: none"> • dated, • timed, and • authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) <p>and authorized to write orders by hospital policy in accordance with State law.</p>


TAG	2006 Regulation	Regulation Effective January 26, 2007
	(no (iii) in current regulations)	<p>(iii) All verbal orders must be authenticated based upon Federal and State law.</p> <p>If there is no State law that designates a specific timeframe for the authentication of verbal orders, <u>verbal orders</u> must be authenticated <u>within 48 hours</u>.</p>
A-0233	(c)(2) All records must document the following, as appropriate:	(2) All records must document the following, as appropriate: (i) Evidence of—
A-0234	<p>(c)(2)(i) Evidence of a physical examination, including a health history, performed</p> <ul style="list-style-type: none"> • no more than 7 days prior to admission or • within 48 hours after admission. 	<p>(A) A medical history and physical examination completed</p> <ul style="list-style-type: none"> • no more than 30 days before or • 24 hours after admission. <p>The medical history and physical examination must be <u>placed</u> in the patient's <u>medical record</u> <u>within 24 hours</u> after admission.</p>
	(no (c)(2)(i)(A) or (B) in current regulations)	<p>(B) An <u>updated</u> medical record entry documenting an <u>examination for any changes</u> in the patient's condition when the medical history and physical <u>examination</u> are completed within <u>30 days before admission</u>.</p> <p>This <u>updated</u> examination must be completed and documented <u>in</u> the patient's <u>medical record</u> <u>within 24 hours</u> after admission.</p>

TAG	2006 Regulation	Regulation Effective January 26, 2007
	§ 482.25 Condition of participation: Pharmaceutical services.	
A-0252	(b) Standard: Delivery of Services In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.	(b) <i>Standard: Delivery of services.</i> In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.
A-0254	(b)(2) Drugs and biologicals must be kept in a locked storage area.	(2)(i) All drugs and biologicals must be kept in a secure area , and locked when appropriate .
	(no (b)(2)(i), (ii) or (iii) in current regulations)	(ii) Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area.
		(iii) Only authorized personnel may have access to locked areas.

TAG	2006 Regulation	Regulation Effective January 26, 2007
	§ 482.52 Condition of participation: Anesthesia services.	
A-0418	<p>(b) Standard: Delivery of Services Anesthesia services must be consistent with needs and resources.</p> <p>Policies on anesthesia procedures must include the delineation of pre-anesthesia and post-anesthesia responsibilities.</p> <p>The policies must ensure that the following are provided for each patient:</p>	<p>(b) <i>Standard: Delivery of services.</i> Anesthesia services must be consistent with needs and resources.</p> <p>Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities.</p> <p>The policies must ensure that the following are provided for each patient:</p>
A-0421	<p>(b)(3) With respect to inpatients, a post-anesthesia follow-up report by the individual who administers the anesthesia that is written within 48 hours after surgery.</p>	<p>(3) With respect to inpatients, a postanesthesia evaluation must be completed and documented by an individual qualified to administer anesthesia as specified in paragraph (a) of this section within 48 hours after surgery.</p>

Key:

Red = differences between the current and proposed

 = omitted from the new regulation

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<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/E6-19957.pdf>